

**Issue Classification**

(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date)

**MICHAEL MELLER**  
**PRIMARY EXAMINER**

(Primary Examiner)

**Total Claims Allowed:**

O.G.  
Print Claim(1)

O.G.  
Print Fig.

None

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant					<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original
	1		4	31			121			181
	2		5	32			122			182
	3		6	33			123			183
	4		7	34			124			184
	5		8	35			125			185
	6			36			126			186
	7			37			127			187
	8			38			128			188
	9			39			129			189
	10			40			130			190
	11			41			131			191
	12			42			132			192
	13			43			133			193
	14			44			134			194
	15			45			135			195
	16			46			136			196
	17			47			137			197
	18			48			138			198
	19			49			139			199
	20			50			140			200
	21			51			141			201
	22			52			142			202
	23			53			143			203
	24			54			144			204
	25			55			145			205
	26			56			146			206
	27			57			147			207
1	28			58			148			208
2	29			59			149			209
3	30			60			150			210